

REQUEST FOR TRAINING ORDERS

COMNAVRESFORINST 1571.7G

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 U.S.C.301 departmental regulations. The principal purpose is to enable you to make known your desire for training duty. The information will be used to assist in determining your eligibility for and approving or disapproving the training duty being requested. Completion of this form is voluntary, however, failure to provide the required information may result in delays, response to, or disapproval of your request.					
1. SSN		2. GRADE		3. NAME (Last First, MI)	
4. DESIG/NEC:		5. SEX: M <input type="checkbox"/> F <input type="checkbox"/>		6. WK PHONE: ()	
				7. HM PHONE: ()	
8. HOME ADDRESS: IAP: <input type="checkbox"/> City ST Zip Code					
MBR's RUIC:		MBR's UNIT:			
9. TYPE (Check one) <input type="checkbox"/> AT <input type="checkbox"/> IDTT <input type="checkbox"/> ADT <input type="checkbox"/> GROUP <input type="checkbox"/> IADT <input type="checkbox"/> INVOL <input type="checkbox"/> NON-PAY <input type="checkbox"/> MOD <input type="checkbox"/> BACK TO BACK					
10. A. REPORT		B. NUMBER OF DAYS:		C. DESTINATION: UIC	
DATE:		AT: ADT:		COMMAND:	
TIME:		IDTT DAYS:		COURSE: CPD CIN:	
				COURSE NAME:	
				ALT DATES(For CNRF Schools only):	
DESTINATION COMMAND CONTACTED: <input type="checkbox"/> YES <input type="checkbox"/> NO POC:					
PHONE NUMBER: ()					
Exercise/Operation Name (if app):					
11. TRAVEL ITINERARY: DESIRED DEPARTURE: DATE: TIME: NET NLT AIRPORT: DEP: ARR: FOR AFLOAT: EMB: DEB:			13. TYPE TRAVEL: <input type="checkbox"/> CONUS <input type="checkbox"/> OUTCONUS <input type="checkbox"/> NATO <input type="checkbox"/> 0. NO COST <input type="checkbox"/> 1. GTR DIRECTED/ARRANGED BY NAVPTO <input type="checkbox"/> 2. GOVT TRANSPORT DIRECTED (AIRLIFT/NATO) <input type="checkbox"/> 4. POV AUTHORIZED NOT TO EXCEED GTR <input type="checkbox"/> 5. TRANSOCEANIC/INTERNATIONAL TRAVEL <input type="checkbox"/> 6. LOCAL COMMUTE: MILES: <input type="checkbox"/> 7. PERSONALLY PROCURED TRANSPORT/GTR CONS AVAILABLE <input type="checkbox"/> A. TRAVEL FUNDED BY AT/ADT ORDERS		
14.JUSTIFICATION/REMARKS:					
Berthing not required due to: <input type="checkbox"/> BQ Reservation # <input type="checkbox"/> BAH w/Deps <input type="checkbox"/> Comm CNA # Confirmation #					
Pay:		Per Diem:		Travel: Total:	
STANDARDS OF CONDUCT/CONFLICT OF INTEREST STATEMENT: I understand that during my active duty. I am subject to Defense Department and Navy Department Standards of Conduct directives. I also understand that I am subject to the same standards ofconduct directives during any time I am performing inactive duty (drills). I will, during any duty I perform, take no action which will amount to or reasonably create the appearance of using any military position for personal gain or the benefit of my civilian employer. I will also refrain from using or reasonably creating the appearance of using information I obtain while on duty for personal gain or the benefit of my civilian employer. If events occur which might cast doubt on my ability to follow these Standards, I will promptly notify my military superiors.					
15. DATE:		16. APPLICANTS SIGNATURE:			
CERTIFICATION - MEMBER IS FULLY QUALIFIED FOR REQUESTED DUTY AND MEETS THE HIV AND BODY FAT REQUIREMENTS AND ALL REREQUISITES FOR REQUESTED COURSE.					
17. REPORTING/ADDITIONAL INSTRUCTIONS/TEXT CODE:				HIV: MDR:	
YES NO RENTAL CAR (TC 164) <input type="checkbox"/> <input type="checkbox"/> SECURITY CLEARANCE (TC 127) <input type="checkbox"/> <input type="checkbox"/> ANTI-TERRORISM (TC 057) <input type="checkbox"/> <input type="checkbox"/> SPECIAL PAYS: ACIP <input type="checkbox"/> DEMO(TC 098) <input type="checkbox"/> OTHER <input type="checkbox"/>				NECAP <input type="checkbox"/> BF% NPSAC <input type="checkbox"/> BF% BCN: TCN:	
18. APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>		UNIT CO/GCLO/OIC:		DATE:	
19. APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>		OM SITE REVIEWER:		DATE:	